

In re **Sandra Sloan**

Debtor(s)

Case No. **09-22666****SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Divorced</b>	RELATIONSHIP(S): <b>None.</b>	AGE(S):
<b>Employment:*</b>	DEBTOR	SPOUSE
Occupation	<b>Maternity Tech</b>	
Name of Employer	<b>Good Samaritan Hospital</b>	
How long employed	<b>26 Yrs</b>	
Address of Employer	<b>255 Lafayette ave Suffern, NY 10901</b>	
<b>*See Attachment for Additional Employment Information</b>		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <b>6,760.32</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

3. SUBTOTAL

\$ <b>6,760.32</b>	\$ <b>N/A</b>
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4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify) **See Detailed Income Attachment**

\$ <b>2,698.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>25.10</b>	\$ <b>N/A</b>
\$ <b>354.93</b>	\$ <b>N/A</b>

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>3,078.03</b>	\$ <b>N/A</b>
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6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>3,682.29</b>	\$ <b>N/A</b>
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7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify): \_\_\_\_\_
12. Pension or retirement income
13. Other monthly income (Specify): \_\_\_\_\_

\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>0.00</b>	\$ <b>N/A</b>
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>3,682.29</b>	\$ <b>N/A</b>
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <b>3,682.29</b>	
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(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED**  
**Detailed Income Attachment**

**Other Payroll Deductions:**

<b>Quorum CU-Good Samaritain Hosp.</b>	<b>\$ 270.00</b>	<b>\$ N/A</b>
<b>Voluntary Benefits</b>	<b>\$ 23.00</b>	<b>\$ N/A</b>
<b>Valic</b>	<b>\$ 50.00</b>	<b>\$ N/A</b>
<b>CSEA</b>	<b>\$ 11.93</b>	<b>\$ N/A</b>
<b>Total Other Payroll Deductions</b>	<b>\$ 354.93</b>	<b>\$ N/A</b>

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**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED**  
**Attachment for Additional Employment Information**

Debtor		
Occupation	Nurses Aid	
Name of Employer	County of Rockland	
How long employed	38 yrs	
Address of Employer	Robert L. Yeager Health Complex 18 New Hempstead Road Pomona, NY 10970	

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	993.00
a. Are real estate taxes included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities:		\$	164.00
a. Electricity and heating fuel		\$	0.00
b. Water and sewer		\$	100.00
c. Telephone		\$	170.00
d. Other <b>cable and telephone</b>		\$	0.00
3. Home maintenance (repairs and upkeep)		\$	500.00
4. Food		\$	80.00
5. Clothing		\$	120.00
6. Laundry and dry cleaning		\$	20.00
7. Medical and dental expenses		\$	260.00
8. Transportation (not including car payments)		\$	25.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	480.00
10. Charitable contributions		\$	
11. Insurance (not deducted from wages or included in home mortgage payments)		\$	0.00
a. Homeowner's or renter's		\$	15.00
b. Life		\$	0.00
c. Health		\$	125.00
d. Auto		\$	0.00
e. Other		\$	
12. Taxes (not deducted from wages or included in home mortgage payments)		\$	0.00
(Specify)		\$	
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		\$	476.00
a. Auto		\$	0.00
b. Other		\$	0.00
c. Other		\$	0.00
14. Alimony, maintenance, and support paid to others		\$	0.00
15. Payments for support of additional dependents not living at your home		\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	0.00
17. Other		\$	0.00
Other		\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	3,528.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:			
20. STATEMENT OF MONTHLY NET INCOME			
a. Average monthly income from Line 15 of Schedule I		\$	3,682.29
b. Average monthly expenses from Line 18 above		\$	3,528.00
c. Monthly net income (a. minus b.)		\$	154.29